SUMMARY SHEET Form (RF-3)

			12/15/13 NB
Change in	Company's premium or rate level produ	uced by rate revision effec	tive: 02/15/14 RN
Program:	Allied Program		
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1	Automobile Liability		
	Private Passenger	<u>\$14,</u> 379,214	-0.82%
	Commercial		
2	Automobile Physical Damage		
	Private Passenger	\$2,963,343	5.24%
	Commercial		
3	Liability Other Than Auto		
4	Burglary and Theft		
5	Glass		
6	Fidelity		
7	Surety		
8	Boiler and Machinery	•	
9	Fire		
10	Extended Coverage		
11	Inland Marine		
12	Homeowners		
13	Commercial Multi-Peril		
14	Crop Hail		
15	Other		
THE FILIN	ng only apply to certain territory/ter NG APPLIES TO ALL TERRITORES. scription of filing. (If filing follows ra CL BASE RATES REVISED. SOME TER	ites of an advisory organ	nization, specify organization):
*	* Adjusted to reflect all prior rate c	•	
	result from application of new ra	•	
			American Alliance Casualty Co.
			Name of Company
			Shelly McClaskey
			Underwriting Manager

	Change in Company's premium or rate	e level produced by rate revision effective	ve 4/30/2014
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	1,943,234	+12.6%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	2,193,968	-1.5%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		449,444
5.	Glass		
6.	Fidelity	-	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		,
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
Does f No	• • • • • • • • • • • • • • • • • • • •	erritories) or certain classes? If so, speci	fy:
	description of filing. (If filing follows ised base rates.	rates of an advisory organization, speci-	fy organization):
** C	djusted to reflect all prior rate change: hange in Company's premium level w sult from application of new rates.	hich will Fir	reman's Fund Insurance ompany Name of Company
		Br	yce Cunningham, Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective November 14, 2013 (new business), December 6, 2013 (renewal business).

(1)	(2)	(3)
Coverage	Annual Premium <u>Volume (Illinois)*</u>	Percent Change (+ or -)**
Automobile Liability		
Private Passenger	\$ 15,449,310	+ 3.7%
Commercial		
2. Automobile Physical Damage		
Private Passenger	\$ 5,893,625	+ 1.0%
Commercial		
Liability Other Than Auto Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
Commercial Multi-Peril		
4. Crop Hail		
5. Other		
Life of Insurance		
Does filing only apply to certain to	erritory (territories) or certain classes? If	so specify:
This filing applies to all territories		•
<u> </u>		
	g follows rates of an advisory organization	n, specify organization):
- This change represents base ra	ite changes only.	W1.,1

* Adjusted to reflect all prior rate	changes (estimate)	
	m level which will result from application	of new rates
	First Acceptance Ins	urance Company, Inc.
	Name of 0	
		oduct Development
	· Official	Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Pr		Change (+or-)
Passenger Commercial	\$177,479,404	0%
Automobile Physical Derivate Passenger Commercial	\$113,056,586	0%
Liability Other Than Al Burglary and Theft		
Glass Fidelity Surety		
Boiler and Machinery Fire		
Extended Coverage Inland Marine		
Homeowners Commercial Multi-Peri Crop Hail		
Other		
Line of Insuran	 De	
Does filing only apply Classes? If so,	to certain territory (territories) or	certain
specify:	Applies to all territories and classes of pe	eople.
Brief description of fili	ng. (If filing follows rates of an a	dvisory
Organization, specify organization):		iver Factor, Deceased Driver Stabiliz
as well as updating our three	xhibits of Rate Order Calculation.	
*Adjusted to reflect all **Change in Company rates.	prior rate changes. 's premium level which will resu	It from application of nev
	Illinois Farmers Ins	surance Company
	Na	me of Company
	Hilary Yacobucci - /	Analyst

Official - Title

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger	458,504	+13.0%
2.	Commercial Automobile Physical Damage Private Passenger	420,526	-1.5%
•	Commercial		
3. 1	Liability Other Than Auto Burglary and Theft		
4. 5.	Glass		
5. 6.	Fidelity		
0. 7.	Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Line of Insurance		
oes f	ling only apply to certain territory (t	erritories) or certain classes? If so, specify:	
No			
ief o	escription of filing. (If filing follow	s rates of an advisory organization, specify of	organization):
ev:	sed base rates.		

National Surety Corp.

Fireman's Fund Insurance

Company

Name of Company

Bryce Cunningham,
Official - Title

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate Revision effective _1/01/2014 New, 2/01/2014 Renewal

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois) *	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	\$9,291,658	3.8%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$7,231,205	2.8%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		· · · · · · · · · · · · · · · · · · ·
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	<u> </u>	
13.	Commercial Multi-Peril		-
14.	Crop Hail		
15.	Other	<u> </u>	
	Line of Insurance		
Does	filing only apply to certain territory (ter	ritories) or certain classes	s? If so, specify:
	No.		
Dwinf	description of filing (If filing follows r	otos of an advisom, organ	ization anacify
	description of filing. (If filing follows raization):	aics of all advisory organ	izadon, specity
ngan	Revise base rates, territories, tiers.		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Rockford Mutual Insurance Company
Name of Company

Marci Meyer
Product and Pricing Manager-Personal Lines
Official - Title

	Change in Company's premium or rat	te level produced by rate revision effective	April 13, 2013
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial	\$ 34,493,852	5.5%
2.	Automobile Physical Damage		
	Private Passenger Commercial	\$ 26,138,801	2.3%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
No	•		<u> </u>

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are pleased to introduce revisions to our auto product based upon our multi-variant loss cost analysis by introducing a number of new rating variables and discounts. This revision impacts new business effective on or after April 13, 2013 and renewal business on or after July 6, 2013. The average impact for policies at their next renewal will be 4.6%. Highlights of these changes include:

- Revised Base Rates
- Territory Revisions
- Revised Territory Factors
- Revised Expense Factors

We are also adding clarifying language to our product guide around the Low Mileage and Good Student discounts. Nothing has changed from our previously filed manual except for those items highlighted in this filing.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Safeco Insurance Company of Illinois (111-39012)

Name of Company

Mark Ford, Director of State Operations

Official - Title